



# Hampton Junior School

## Medical Policy

Version	Date	Review date	Comments
1	Dec '14		New policy – shared with all staff
2	Feb '18	Feb '20	Amendments in line with new structure
3	Oct '19	Feb '20	Non-prescribed medication
4	Nov '21	Nov '22	Updated proformas in appendices
5	Nov 22	Nov 23	Addition of information regarding children with long term illness who can't attend.
6	Nov 23	Nov 24	eForms added
7	Mar 2024	Nov 24	collection of medicines

**'Be the best you can be!'**

## **Supporting pupils at school with medical conditions**

### **Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

All children that attend Hampton Junior School have the right to access the curriculum as well as enjoy a wide range of additional activities. Pupils at school with medical conditions require specific consideration to ensure that their needs are met and The Children and Families Act 2014 places a duty on maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The aim of this policy is to outline how children with medical conditions, in terms of both physical and mental health, are effectively supported at Hampton Junior School so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Medical conditions may require on-going support, medicines or care and it is important that parents feel confident that school will provide effective medical support for their child. This includes considering the impact that medical conditions can have on a child's social and emotional well-being.

### **Admissions**

Children and young people with medical conditions are entitled to a full education and have the same rights of admissions to school as other children. This means that at our school no child with a medical condition should be denied admissions. Schools are expected to make reasonable adjustments for such children; however, in line with safeguarding procedures, governors should also consider the potential health risk for the child and other children already within the school.

### **Roles and responsibilities**

#### **Designated People**

At Hampton Junior School the named designated people for the implementation of this policy are Rachel Wibden (Welfare Assistant), Helen Lockey (Executive Head) and Jon James (Head of School).

The role of this position includes:

- Ensuring that a sufficient number of staff are suitably trained
- Being committed to ensuring all relevant staff are aware of the child's condition
- Work with parents to ensure the Individual Healthcare Plans are accurate and reviewed at least annually
- Working with other professionals to ensure Individual Healthcare Plans are correct
- To ensure cover arrangements are made in case of staff absence
- To create risk assessments for school visits, residential and other school activities

Note: If the Individual Healthcare Plans are to be included within an Education, Health and Care plan the Inclusion Manager will take responsibility for the monitoring and development.

### **Head of School**

It is the Head of School's responsibility to ensure that the school policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head of School should also ensure that sufficient trained numbers of staff are available to implement the policy. This may involve recruiting a member of staff for this purpose. They should also make sure the school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### **School staff**

Any member of school staff may be asked to provide support to pupils with medical conditions. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility. All staff should:

- Be aware of the potential triggers, signs and symptoms of common medical conditions of children within the school and know what to do in the case of an emergency
- Understand the medical policy
- Know which pupils in their care have medical conditions
- Ensure that children who require medication have this on trips and visits
- Allow all children to have immediate access to their emergency medication.
- To ensure that all pupils with medical conditions are not excluded unnecessarily from activities that they wish to take part in.

### **School Nurse**

The School Nurse has a responsibility for notifying the school when a child has been identified as having a significant medical condition which will require support in school. The School Nurse also provides support and advice for the school staff and will work with schools to create an Individual Health Care Plan. Other named professionals will also be asked to contribute towards the development of an effective Individual Health Care Plan when children's needs require this.

## **Parents**

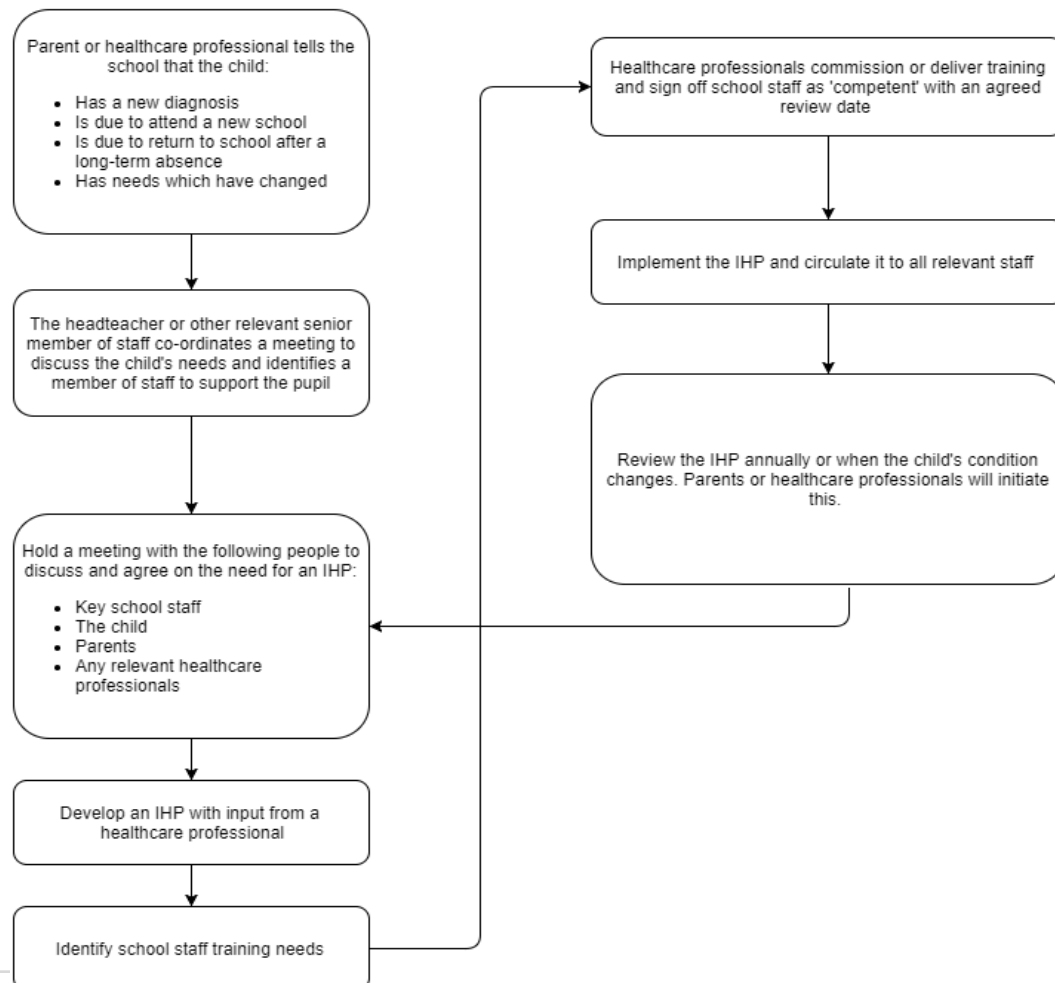
Parents should provide the school with sufficient and up to date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan.

It is the parent's responsibility to ensure new and in-date medication comes into school on the first day of the new academic year and, if necessary, at the beginning of each term.

Parents are also responsible for the removal of medicine that is no longer in date or no longer required. At the end of the academic year all medication will be returned to parents.

## **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



## **Individual healthcare plans**

To ensure that every child with medical needs is effectively supported the school develops comprehensive Individual Healthcare Plans (Appendix 1) for each child which provides clarity about the needs of the child, what needs to be done, when and by whom. These plans will be reviewed annually and capture the steps which a school should take to help the child manage their condition and must include the following information:

- Details of the child's name, date of birth, family contact details and information about their doctor and doctor's practice.
- A clear description about the condition and symptoms
- Daily requirements or resulting needs (including medication).
- Specific support for social and emotional needs.
- Description of what constitutes an emergency procedure for the child.
- Follow up care.
- The person responsible in an emergency and the training required.
- The people who need to be made aware of the IHP.
- The review date for the plan

Plans should be drawn up in partnership with the following people:

- Parents
- The child (where appropriate)
- The school
- Relevant healthcare professionals e.g. School Nurse, Diabetes Nurse

Where the child has a special educational need identified in an EHC plan, the Individual Healthcare plan should be linked to or become part of the EHC plan.

As part of the IHP the school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely during educational or residential visits. During most cases a risk assessment would be completed to ensure that planned arrangements are made and steps put in place to support the child. This will generally require consultation with parents and other medical professionals.

## **Managing medicines on school premises**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance if not to do so. At school we will administer prescribed medication with written consent from parents. Prescribed medication must be provided in its original packaging which clearly outlines the instructions for administration, dosage, storage and name of the child. Where possible parents should only send in to school the number of doses required during the school day, for the duration of the medication, so it may remain on the premises.

It should be made clear to children where their medicine will be stored and the procedure of administration. Parents / Carers must complete a Medication consent eform : <https://forms.gle/HLLKMnmWHV3ZP44XA> for all prescribed medication. All administration of medicine will be recorded. Children will not be allowed to take medication home without an accompanying adult. A responsible adult must collect the medication from the office at the end of each day.

### **Non-prescribed medication**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. This includes both prescribed and non-prescribed medication.

In a small number of cases, the school may agree to administer non-prescribed medication at school for an approved period of time (no more than 3 days). Some examples of when this may be agreed are:

- The child has had a significant injury from which they are recovering from which requires some additional pain relief that would support their return to school
- The child has a current medical condition, which requires some pain relief to enable them to access learning.

The following would also need to adhere to:

- All medication must be presented to school in its original packaging
- A parent / carer must complete a medical consent form which includes the dosage and time
- All medication must be in date
- Parents are responsible for collecting the medication at the end of each day
- All non-prescribed medication will include a label which includes the child's name and D.O.B stuck on to it

The Executive Leadership Team has responsibility for accepting non-prescribed medication and therefore all requests must be agreed. The Welfare Assistant will ensure all documentation is completed both prior to medication being accepted and once administered.

All non-prescribed medication will be agreed on a daily basis with a medical consent form being completed on each day. The school will administer non-prescribed medication to a maximum of 3 days in a row and once a term only. Once administered the welfare assistant will phone the parent to confirm when the dosage was taken.

The school will only accept:

- Calpol
- Ibuprofen

There are occasional circumstances where a member of staff may call parents and ask permission to give the child calpol if it means it will keep them in school e.g. a toothache.

### **Children's role in managing their own medical needs and storage**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the child's Individual Healthcare plans. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away. Some children may however, require an appropriate level of supervision. Access to their medicines for self-medication should be quick and easy. Other controlled drugs that have been prescribed for pupils should be securely stored in a non-portable unit and only accessed by named staff. Some medication at Hampton Junior School may need to be refrigerated. All refrigerated medication is stored in a small refrigerator and is clearly labelled.

### **Safe disposal**

When a medicine is no longer required, or out of date, it should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharp objects. If parents do not collect out of date medication, medication is taken to the local pharmacy for safe disposal.

A record of all prescribed administered medicine should be recorded using the medicine record sheet (Appendix 2, page 2) This should be stored with the medicine and made available to parents if they so request.

### **Educational Visits**

Prior to any visit staff must complete a risk assessment and in doing so consider the medical needs of the children attending. The follow must occur:

- All medical bags must be reviewed and ensure that Individual Health Care Plans are identified
- Check all medical records for the individual's class attending
- Ensure all medicine is in the medical bag
- Ensure the first aid bag is correctly stocked
- Medical reports are included
- Any medical report forms used during the trip to be returned to Rachel Wibden.

### **Recording Medical incidents in School**

**CPOMS** is a secure, effective and efficient online monitoring system for child protection, safeguarding and a whole range of pastoral and welfare incidents/concerns. At HJS we have implemented CPOMS as it enables us to record any incidents or concerns that we may have about a child's safety including any medical issues. We record everything linked to medical via CPOMS from playground accidents to children being sent home because they are unwell. We can then share the information with staff on a need to know basis. It provides a comprehensive record of any issues or disclosures and highlights actions taken by members of staff. Members of staff from across the school can add information to CPOMS allowing Senior Leaders to take appropriate action or follow up on any action points. The chronology around a child is built automatically and trends over time are much easier to spot. All staff have had the training on how to use the system and regular support is offered as required.

### **Injury and Illness within school**

Any pupil seeking medical attention when at school will be required to report to the medical room. Following assessment and treatment, a Medical report form will be completed on CPOMs. If a child receives an injury / bump to the head then a Child Head Injury form must be completed, the parents will be informed and a child will receive a head injury sticker so that their teacher is aware of the incident. Where possible, a pupil will always be encouraged to return to their learning.

### **Pre-existing injuries**

Parents have a responsibility to inform the school of any pre-existing injuries that may need monitoring at school or require medical attention. On arrival the parent will be asked to complete the Pre-existing injury eform <https://forms.gle/FG7KKkjGGB3Np3Aw5>

### **Emergency procedures**

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital. Parents will be informed at the earliest possible opportunity.

### **Liability and indemnity**

Staff supporting children with medical conditions must ensure that they follow the agreed procedures outlined within this policy and the agreed Individual Healthcare Plans for each child. If these procedures are followed correctly, the school's insurance arrangements will provide cover for staff who are supporting pupils with medical conditions.

### **Children with medical conditions that are unable to attend school**



In most instances, short term and occasional illness would be supported by the school and requires no Local Authority intervention. Where illnesses would mean more than 15 school day absences, and continuing absences likely, the school would need to approach the LA to identify appropriate levels of support and planning (this might be medical tuition).

When there is a concern that an absence period will be longer, schools would need to liaise with the pupil's family and medical professionals, to secure evidence of the illness and to demonstrate that attendance cannot occur for medical reasons. There is a need to work collaboratively with the pupils, family, the LA, and medical professionals in order that there is cooperation in terms of securing evidence, status updates and to ensure that the pupil reintegrates back to full time, mainstream, education at the earliest opportunity. Information needs to be shared between all parties to ensure that all are aware of developments and to ensure that the status does not drift. This information needs to be reviewed every two weeks.

If it has determined that there could be a need for an Education Health & Care Plan (EHC) schools should commence the application processes at the earliest opportunity to ensure that a plan is created to support pupil needs in the long term.

Schools cannot remove a pupil from their roll due to illness and all schools must ensure that the pupil remains on roll throughout the period of non-attendance.

### **Reintegration**

All involved parties need to work together to ensure that reintegration occurs without delay, subject to the pupil's health status. There should be no drift and a return to mainstream attendance needs to occur as soon as it has been evidenced as being apt.

Schools would need to demonstrate a reintegration plan that offers a phased return by increasing the hours/days attending while reducing the level of external educational support. Tuition in this form is intended to be of short-term duration thus enabling the pupil to return to school. Schools would need to assess and arrange any additional support required to bring the pupil back up to speed at the point of their return, so they have not been penalised by their absence. This may also involve support from the school nurse and/or making reasonable adjustments for accessibility.

**Healthcare Plan**

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_

\_\_\_\_\_

Class \_\_\_\_\_



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**Family Contact 1**

**Family Contact 2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Telephone No :( Work) \_\_\_\_\_  
( Home) \_\_\_\_\_

Telephone No:(Work) \_\_\_\_\_  
(Home) \_\_\_\_\_

**Clinic/Hospital contact**

**G.P.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

**Medication Details**

Name of medicine	Dose and instrument for administration	Frequency / times	Completion date of course of medicine if known	Expiry date of medication

**Describe what constitutes an emergency for your child, and the action taken:**

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Emergency contact name	1.	2.	3.
Telephone Number			

**Follow up care:**

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I Parent/Carer agree to members of staff administering medicines/ providing treatment or care to my child as directed above	Name in print:
I Parent/Carer agree to update information about my child's medical needs, held by the school, on a regular basis.	Sign:
I Parent/Carer will ensure that the medicine held by the school has not exceeded its expiry date.	Date:

**This is to inform you that your child has had an injury to the head today**

Child's Name \_\_\_\_\_

Date and time of accident \_\_\_\_\_

Parent informed by \_\_\_\_\_

What has happened

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Who dealt with the incident \_\_\_\_\_

What treatment if any was given \_\_\_\_\_

*If your child develops any of the following you should seek medical advice at your local hospital A&E department*

- Fainting
- Vomiting
- Unusual drowsiness or, if asleep, cannot be woken up fully.
- Confusion, behaving abnormally
- Double or blurred vision
- Severe headache
- Noticeable weakness of either arm or leg
- Twitching or seizures
- Blood or clear fluid dripping from ear or nose

Or any other symptom that you are worried about